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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/583,473-Conf. #2502		
FEE TRANSMITTAL				Filing Date	June 19, 2006		~~~~	
For FY 2009				First Named Inventor Shigeyoshi NISHINO			************	
101112003				Examiner Name B. I. Dentz			******	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	······································	1625		
TOTAL AMOUNT OF PAYMENT (\$) 440.00				Attorney Docket	0283-0226PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LL								Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEE	 3			•	***************************************	•••••
·	FILIN	IG FEES	SEA	ARCH FEES	EXAMIN	NATION FEES	;	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Face	Paid (\$)
Utility	330	165	540	270	220	110	1,000	1.000.141
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		*****
Provisional	220	110	0+0	0	0.00) <u>(</u>)	***************************************	
2. EXCESS CLAIM FEES	441	110	U	V	v	G.		Small Entity
								Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claim	ŝ						390	195
Total Claims E	xtra Claims	Fee (\$)	Fee Paid (\$)		N	lultiple Depend	ent Claim	3
25 - 20 or HP	5 x	52.00 =	260.00		Fe	Fee (\$) Fee Paid (\$)		<u>\$)</u>
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims E	xtra Claims	Fee (\$)	Fee Paid (\$)					
4 - 4 or HP ≃	x							
HP = highest number of indepe		d for, if greater than	3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of	each a	dditional 50 or frac	tion thereo	f Fee (\$)	Fee	Paid (\$)
- 100 = /50 = (round up to a whole number) x						х	=	
4. OTHER FEE(S) Fees Paid (S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filingssurcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY		wy	***************************************					
Signature	Exp party	Lummanna.		Registration No. (Attorney/Agent) 32,881		Telephone	(703) 205-8000	
Name (Print/Type) John W. Bailey						Date [Date December 28, 2009	
			·····		·····	<u></u>		***************************************